



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

December 27, 2018

Ms. Sonya Saltis, Manager
Saltis Home
1141 Main Street
Castleton, VT 05735-7713

Dear Ms. Saltis:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 27, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

DEC 14 2018

PRINTED: 11/30/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/27/2018
NAME OF PROVIDER OR SUPPLIER SALTIS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1141 MAIN STREET CASTLETON, VT 05735		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 11/27/18. There were regulatory findings.	R100		
R177 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to account for controlled drugs on at least a weekly basis. Findings include: In review of medication management completed on 11/27/18, there was no evidence of controlled medications being accounted for at least weekly. The manager/owner confirmed at 2:20 PM that the medications are not being counted per regulations.	R177	Nurse Dee Dee and Sonya Saltis started a new controlled medication count Book on Dec. 4, 2018. They will be counted weekly by 2 staff. Nurse will check this monthly. Sonya Saltis 12/13/18.	
R188 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes:	R188		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5899

CFD511

If continuation sheet 1 of 3

R177 - R303 POC accepted 12/17/18 BBortell RN/PMU

Division of Licensing and Protection

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R188	Continued From page 1 resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to ensure that one of three residents, Resident #1, had the completed information regarding instructions in case of the resident's death. In review of the medical record for Resident #1, there was no evidence that provided information regarding instructions in case of the resident's death. In an interview with the owner/manager on 11/27/18 at 1:55 PM, s/he confirmed that there is no documented information regarding instructions of what to do in the event of death.	R188		
R303 SS=D	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.d There shall be an operable telephone on each floor of the home, at all times. A list of	R303	Manager will Be Responsible in future - it is not left blank on assessment. (28) Advance directive has been completed on 12/11/18 and funeral arrangements the week before with Ducharme funeral home. She refused before but agreed now, she has had a plot and headstone for years but was not put on latest assessment. 12/13/18 Sonya Saltis	

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R303	<p>Continued From page 2</p> <p>emergency telephone numbers shall be posted by each telephone.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, the facility failed to have an operable telephone on each floor and did not have a list of emergency telephone numbers posted. Findings include:</p> <p>There was no evidence that the second floor of the home, which houses five residents, had a telephone and there was no emergency phone numbers posted. The manager/owner confirmed at 1:15 PM that the phone was removed secondary the phone was being used for personal phone calls a long time ago.</p>	R303	<p>A phone was put upstairs with emergency numbers on 11/27/2018.</p> <p>I would like to add our residents use the phone for personal calls all the time. The issue before was obsessively bothering family members. A resident that lived upstairs did have a cell phone. I understand importance of this and put phone upstairs right away with Emergency # Posted.</p> <p>Sonye Saltis 12/13/18</p> <p>Phone will Not Be Removed For Any Reason.</p>